Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS2724AGC	A. BUILDING _____ B. WING _____	11/25/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IN TOUCH ASSISTED LIVING	4131 SATINWOOD DR LAS VEGAS, NV 89147

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of the annual State Licensure survey conducted at your facility on 11/25/08. This survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006. The facility was licensed for 7 total beds. The facility had the following category classified beds: 7 Category 1 beds The facility had the following endorsements: Residential facility for elderly or disabled persons. Residential facility for persons with mental illness. The census at the time of the survey was 7. Seven (7) resident files were reviewed. Three (3) employee files were reviewed. There were no complaints investigated during the survey. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	Y 000	POC accepted by B Kraft for Linda Gruss 3/26/09 RECEIVED FEB 10 2009 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: owner/administrator — (X6) DATE: 02-10-09

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Y1005	Continued From page 1	Y1005		
Y1005 SS=D	449.2762(1) MR Training Requirements NAC 449.2762 1. Within 60 days after being employed by a residential facility for mentally retarded adults, a caregiver must receive not less than 4 hours of training related to the care of mentally retarded persons. This Regulation is not met as evidenced by: Based on record review on 11/25/08, the facility did not ensure that 1 of 3 employees employed longer than 60 days had received four hours of training concerning the care of residents with mental retardation. Finding include: The facility had an endorsement on its license to care for persons with mental illness. The personnel file for Employee #2, hire date 9/11/08, failed to contain documented evidence of training related to the care of mentally retarded adults. Severity: 2 Scope: 2	Y1005	MR TRAINING REQUIREMENTS a.) THE ADMINISTRATOR WILL ENSURE THAT AN EMPLOYEE SHOULD BE ABLE TO TAKE THE REQUIRED TRAINING WITH IN 60 DAYS AFTER BEEN EMPLOYED. b.) EMPLOYEE # 2 HAS BEEN ENROLLED IN A MENTAL ILLNESS COURSE TO BE HELD ON FEB. 18-19 2009. EXHIBIT NO. 1 c.) THE ADMINISTRATOR WILL MONITOR FOR COMPLIANCE	